

2017 Girls Junior High Basketball League Waiver Form:

Name: _____ Age: _____ Grade: _____ Address:

City: _____ State: _____ Zip Code:

Phone Number: _____

Release Form: I hereby authorize Josh McGillvrey and any other personnel to act for me according to their best judgment in any emergency requiring medical attention. In consideration of the acceptance of this application, I, intending to be legally bound hereby for myself, my heirs, executors, administrators, waive and release any and all rights and claims for damages I may have against Josh McGillvrey, and his representatives and/or assignees for any and all damages which may be sustained and suffered out of my traveling to or participating in the Junior High Girls Basketball League.

Participant's Signature Date

Parent's Signature Date